

SOUTH OGDEN REHAB CENTER PROVIDER #: 465086 FACILITY BEDS TYPE ACTION: RECERTIFICATION
5865 SOUTH WASATCH DRIVE PHONE NUMBER: (801) 479-8480 TOTAL: 155
OGDEN UT 84403 PARTICIPATION DATE: 11/04/1981 CERTIFIED: 155 TYPE OWNERSHIP: FOR PROFIT - CORPORATION
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/23/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 155			
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TOTAL: 47	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 2	SUSPENSION RESCINDED:	--	-----	--	-----
MEDICAID: 34		8	147		
OTHER: 11					

CURRENT SURVEY REVISIT DATES - 12/18/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
06/2000		10/2001		11/2002		10/23/2003			
				X	D				REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC
X	E			X	E	X C	E	12/17/2003	REQ F0221-RIGHT TO BE FREE FROM PHYSICAL RESTRAINTS NOT REQ
						X C	E	12/17/2003	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
						X C	D	12/17/2003	REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES
				X	B				REQ F0278-ACCURACY OF ASSESSMENTS/COORD W/PROFESSIONALS
				X	B				REQ F0286-MAINTAIN ASSESSMENTS COMPLETED IN LAST 15 MONTHS
X	E					X C	D	12/17/2003	REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
				X	G				REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
X	E					X C	D	12/17/2003	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
		X	E	X	E				REQ F0329-DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS
				X	G				REQ F0331-GRADUAL DOSE REDUCTIONS OF ANTIPSYCHOTIC DRUGS
X	E			X	E				REQ F0361-EMPLOYMENT OF A QUALIFIED DIETITIAN
X	E	X	E	X	E	X C	E	12/17/2003	REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC.
		X	D						REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0372-DISPOSE GARBAGE & REFUSE PROPERLY
						X P	C	12/17/2003	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
				X	D				REQ F0428-RES DRUG REGIMEN REVIEWED MONTHLY BY PHARMACIST
		X	D						REQ F0463-RESIDENT CALL SYSTEM
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF

EDITION OF LSC APPLIED

85 NEW	85 EXIST	85 EXIST	2000 EXIS	
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION
03/2000	10/2001	11/2002	10/22/2003	
X			X C	12/17/2003

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
COP = CONDITION REQ = REQUIREMENT

SOUTH OGDEN REHAB CENTER

PROVIDER #: 465086

EDITION OF LSC APPLIED

85 NEW	85 EXIST	85 EXIST	2000 EXIS	PLAN/DATE
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	OF CORRECTION
SURVEY	SURVEY	SURVEY	SURVEY	
03/2000	10/2001	11/2002	10/22/2003	
X				
			X C	12/17/2003
		X		
			X C	12/17/2003
			X P	12/17/2003
X	X		X P	12/17/2003
			X P	12/17/2003
	X	X		
		X	X N	
		X		
X	X	X		
		X		
X	X	X	X C	12/17/2003

LSC DEFICIENCIES - BLDG NO. 01

K0025-SMOKE PARTITION CONSTRUCTION
K0027-DOORS IN SMOKE PARTITIONS
K0029-HAZARDOUS AREAS - SEPARATION
K0038-EXIT ACCESS
K0046-EMERGENCY LIGHTING
K0047-EXIT SIGNS
K0050-FIRE DRILLS
K0052-TESTING OF FIRE ALARM
K0054-SMOKE DETECTOR MAINTENANCE
K0056-AUTOMATIC SPRINKLER SYSTEM
K0062-SPRINKLER SYSTEM MAINTENANCE
K0064-PORTABLE FIRE EXTINGUISHERS
K0074-COMBUSTIBLE CURTAINS
K0130-OTHER

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	7	9	5	5
HEALTH TOTAL	7	9	5	5
LIFE SAFETY CODE	8	7	5	5
LIFE SAFETY CODE + HEALTH	15	16	10	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
03/19/2003	UNSUBSTANTIATED
04/29/2003	UNSUBSTANTIATED
07/16/2003	UNSUBSTANTIATED
10/23/2003	SUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY